

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/589208		FILING DATE	
APPLICANT(S)									
CLAIMS									
		AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1						51	
2								52	
3								53	
4								54	
5								55	
6								56	
7								57	
8								58	
9								59	
10								60	
11								61	
12								62	
13								63	
14								64	
15		1						65	
16								66	
17								67	
18								68	
19								69	
20								70	
21								71	
22		1						72	
23		1						73	
24		1						74	
25				1				75	
26								76	
27								77	
28								78	
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42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.			↓	1	↓		↓	TOTAL IND.	
TOTAL DEP.		←		11	←		←	TOTAL DEP.	
TOTAL CLAIMS				12				TOTAL CLAIMS	

PTO - 1360 (REV. 11/04)

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